



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES



Nicholas A. Toumpas  
Commissioner

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José Thier Montero  
Director

## Application for Licensure for Lead Training Provider

(Please check which application you are applying for.)

☐

New Application

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Renewal Application

Type or print clearly in INK; attach all required documentation; and sign the application.  
All sections of the application must be filled in. The signature must be in ink.  
Photocopies of the signed form are NOT acceptable.

### I. APPLICANT INFORMATION

Corporation or Firm Name		
Trade names, acronyms or other identifiers under which the applicant has performed lead abatement or inspection training. _____ _____ _____		
Principle Address		
Mailing Address (if different from above)		
City	State	Zip Code
Phone Number	Fax Number	
E-mail	Date Corporation or Firm was Organized	
Name & Title of Training Manager		

### II. TRAINING

(Check all classes you would like to offer)

	Initial	Refresher	Fee
Lead Abatement Worker			\$ 500
Lead Abatement Supervisor/Contractor			
Lead Inspector			\$ 500
Lead Risk Assessor			
New Hampshire Rules & Law (4 hour)			

**III. LICENSING HISTORY****Yes No (Please check the appropriate box.)**

		Have you previously applied for a Lead Abatement Supervisor or Lead Abatement Contractor certificate in the State of New Hampshire? If "Yes", please give: Date of last application: _____												
		Have you ever held a New Hampshire Lead Abatement Supervisor Lead Abatement Contractor certificate? If "Yes", please list: Date of last licensure: _____ License number: _____												
		Are you a licensed, certified, or permitted as a Lead Abatement Supervisor or Lead Abatement Contractor in any state other than New Hampshire? If "Yes" please list:												
		<table border="1"> <thead> <tr> <th>State</th> <th>Licensure or Certification Date</th> <th>License or Certificate Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	State	Licensure or Certification Date	License or Certificate Number									
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**Yes No (Please check the appropriate box.)**

		Are there any pending or complete state, federal or local enforcement actions (i.e. Notice of Violation, Administrative Orders, Consent Decrees, Notice of Permit Revocation or Denial, or Civil or Criminal Actions) against you, which resulted from, lead base substance abatement or inspection activities within the past 10 years? If "Yes", please explain:

**IV: CHECKLIST OF REQUIRED DOCUMENTATION**

(Renewal applicants provide any new or updated information currently not on file.)

	For each course, or refresher-training course, a copy of the course agenda, which includes all required course curriculum topics set forth in He-P 1611.04 and He-P 1611.07.
	A copy of all student manuals, instructor notebooks and handouts.
	A description of audiovisual aids and all other course materials.
	A copy of the blueprints for all course examinations, which shall: <ul style="list-style-type: none"> <li>a. Describe the proportion of test questions devoted to each major course topic and</li> <li>b. Provide a detailed description of the procedures for assessment and testing of participant's hands-on skills in all topics required under He-P 1611.04.</li> </ul>
	A description of the hands-on training that will be provided, including the protocol for instruction, the number of students to be accommodated, and the number of instructors.
	A detailed description of the facilities and equipment available for both lecture and hands-on training.

	A description of the qualifications of the training manager, principal instructors and guest instructors and the topics and skills to be taught by each instructor.
	An example of the numbered certificates as described in He-P 1611.05(i), to be issued to students who pass the course.
	A list of all state and federal agencies which have certified, accredited, or given other forms of approval to the applicant to provide lead training, including the name, address and telephone number of the person, department, or agency giving such approval and copies of all such written approvals.
	A copy of the quality control plan as required in He-P 1611.02(e).
	The following documentation for each training manager, principal instructor and guest instructor currently employed by the applicant: <ul style="list-style-type: none"> <li>a. Originals or photocopies of licenses, certificates or other documents, which have been issued and certified as accurate by another state or jurisdiction.</li> <li>b. Official academic transcripts issued and certified as accurate by the relevant educational institutions.</li> <li>c. Resumes, letters of reference from current or previous employers, and records of work experience.</li> </ul>
	Include application fee and make check or money orders payable to " <b>Treasurer, State of NH</b> ". Applications will not be processed until application fee is received. Worker, Supervisor and Contractor (\$500) or/and Lead Clearance Testing Technician, Inspector and Risk Assessor (\$500). Applications will not be processed until all information has been received.

**V: STATEMENT OF COMPLIANCE**

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1603.03) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

**Application Signature**

**Date**

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**VI: MAILING INSTRUCTIONS**

Send completed application to:

New Hampshire Department of Health & Human Services  
Division of Public Health Services  
Childhood Lead Poisoning Prevention Program (CLPPP)  
29 Hazen Drive  
Concord, NH 03301  
ATTN: Lead Licensing  
Phone: 603-271-4507  
E-MAIL: [vshallow@dhhs.state.nh.us](mailto:vshallow@dhhs.state.nh.us) or  
[rmalcolm@dhhs.state.nh.us](mailto:rmalcolm@dhhs.state.nh.us)